

# MEMORANDUM

Agenda Item No. 3(A)(7)

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**TO:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

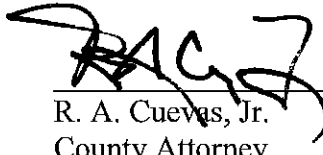
**DATE:** October 6, 2015

**FROM:** R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Resolution retroactively  
authorizing in-kind services  
for the July 17, 2015 "Fun in  
the Sun" event

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The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.

  
\_\_\_\_\_  
R. A. Cuevas, Jr.  
County Attorney

RAC/smm




# MEMORANDUM

(Revised)

**TO:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

**DATE:** October 6, 2015

**FROM:**   
R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Agenda Item No. 3(A)(7)

Please note any items checked.

- ☐ "3-Day Rule" for committees applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Ordinance creating a new board requires detailed County Mayor's report for public hearing
- ☒ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's \_\_\_\_, 3/5's \_\_\_\_, unanimous \_\_\_\_ ) to approve
- ☒ Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved \_\_\_\_\_ Mayor  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 3(A)(7)  
10-6-15

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE JULY 17, 2015 "FUN IN THE SUN" EVENT SPONSORED BY THE CARRFOUR SUPPORTIVE HOUSING, INC. IN AN AMOUNT NOT TO EXCEED \$790.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2014-15 IN-KIND RESERVE FUND

**WHEREAS**, the Carrfour Supportive Housing, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the July 17, 2015 "Fun in the Sun" event in an amount not to exceed \$790.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the purpose of the "Fun in the Sun" event is to, among other things, educate the community about the health benefits of exercise and nutrition; and

**WHEREAS**, the Carrfour Supportive Housing, Inc. is a not-for-profit organization; and

**WHEREAS**, the "Fun in the Sun" event is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$790.00 of the in-kind services shall be funded from the balance of the District 9 FY 2014-15 In-Kind Reserve funds,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board retroactively authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the July 17, 2015 "Fun in the Sun" event sponsored by the Carrfour Supportive Housing, Inc. in an amount not to exceed \$790.00 to be funded from the balance of the District 9 FY 2014-15 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. It was offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and upon being put to a vote, the vote was as follows:

Jean Monestime, Chairman	
Esteban L. Bovo, Jr., Vice Chairman	
Bruno A. Barreiro	Daniella Levine Cava
Jose "Pepe" Diaz	Audrey M. Edmonson
Sally A. Heyman	Barbara J. Jordan
Dennis C. Moss	Rebeca Sosa
Sen. Javier D. Souto	Xavier L. Suarez
Juan C. Zapata	

The Chairperson thereupon declared the resolution duly passed and adopted this 6<sup>th</sup> day of October, 2015. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF  
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: \_\_\_\_\_  
Deputy Clerk

Approved by County Attorney as  
to form and legal sufficiency.

Gks

Gerald K. Sanchez

MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION  
FY 2008-09

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Strategic Business Management  
111 N.W. 1<sup>st</sup> Street, Suite 2200  
Miami, FL 33128

Phone: (305) 375-5143  
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☒ Special Event\* - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event\* - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

\*Note: Event budget must be included for "Special" and "Major" event types.\*

Commissioner sponsoring event

Moss

1. Full legal name of the requesting organization:

Carfax Supportive Housing

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt  
☐ For-Profit  
☐ Local Government or Public Entity  
☐ Other (specify):

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):

Celia Izaquierre

12550 S.W. 282 St Homestead, FL 33033

F- 786-243-4240 ext 244 / F- 786-243-4272

4. Specify fee waiver or in-kind service requested (quantify, if applicable):

stage

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

Fun In the Sun 7/17/15 10am-2pm  
Event is for the families of Verde  
Gardens community to enjoy physical  
activity games, health related presentations  
by MDC Nursing and a talent show  
performed by children, teens + staff.

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☐ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)):

12690 S.W. 280st  
Homestead, FL 33033

8. Description of regional or local impact:

This event will help  
educate community about health benefits  
of exercise + nutrition. It will also  
provide the children + families who do not have  
the resources to take the children out sightseeing, a  
fun + educational event in their community.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):

8am-10pm Event Set-up  
10am-11am DJ on stage + raffle  
11am-12pm Talent show on stage  
12pm-2pm Nesquik Bunny appearance  
2pm-4pm Event Break down.

MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION  
Page 3

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Expected number of participants and estimated attendance (per day, if applicable):

200

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed):

Food in kind donation = \$1,000, watershed - \$550  
obstacle course in kind \$800, building rent in kind \$150

I hereby certify that all the statements made in this application are true and correct.

  
Signature of Authorized Representative

7/14/2015  
Date



**SHOWMOBILES, STAGES, BLEACHERS,  
AND SOUND PRODUCTION**  
**(305) 226-8315 Ext. 221/(305) 553-8511 (Fax)**

**EQUIPMENT (S) CONFIRMATION FORM**

ORGANIZATION/AGENCY: Carrfour Supportive Housing

EQUIPMENT REQUESTED: Stage 24' x 40'

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Dennis Moss  
Commission District #9

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): \_\_\_\_\_

BILLING ADDRESS/ZIP CODE: 111 NW 1 Street Suite 302

NAME/TITLE OF THE EVENT: Fun In the Sun

ADDRESS OF EVENT: 12890 SW 280 Street Homestead, FL

TODAY'S DATE: 07/15/15

DATE (S) & TIME OF EVENT: 07/17/15 10AM - 2PM

SET-UP TIME & DAY: 8 AM 07/17/15

TAKE-DOWN TIME & DAY: 4 PM 07/17/15

CONTACT PERSON/PHONE: Celia Izaguirre 786-243-4272

AT SITE CONTACT/CELL PHONE#: \_\_\_\_\_

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.  
Please contact organization for special instructions

OTHER INFORMATION: Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. We also understand that the total fee is to be remitted (15) fifteen working days before the event.

\*Fee: \$790.00 In-kind District #9

\*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: \_\_\_\_\_

Commissioner Dennis Moss  
Agency/Group: Commission District #9

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE  
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED**

**½ (HALF) OF RENTAL FEE. \*There will be no completed reservation on the schedule unless the  
confirmation Form is filled out completely and signed.**

Late equipment arrivals, please call (786) 236-7926



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by FEI/EIN Number**Florida Not For Profit Corporation

CARRFOUR SUPPORTIVE HOUSING, INC.

Filing Information

Document Number	N93000000642
FEI/EIN Number	650387766
Date Filed	02/15/1993
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	03/29/2004
Event Effective Date	NONE

Principal Address1398 SW 1ST STREET  
12TH FLOOR  
MIAMI, FL 33135

Changed: 02/25/2010

Mailing Address1398 SW 1ST STREET  
12TH FLOOR  
MIAMI, FL 33135

Changed: 02/25/2010

Registered Agent Name & AddressBERMAN, STEPHANIE  
1398 SW 1ST STREET  
12TH FLOOR  
MIAMI, FL 33135

Name Changed: 02/28/2008

Address Changed: 02/25/2010

Officer/Director Detail**Name & Address**

Title D

GARCIA, TERESITA  
2601 S BAYSHORE DRIVE 10TH FL  
MIAMI, FL 33133

Title TD

DANNER, STEPHEN  
2525 Ponce de Leon Boulevard  
Suite 1040  
Coral Gables, FL 33134

Title SD

CASALE, FRANKLYN MSGR  
16400 NW 32ND AVE  
MIAMI, FL 33054

Title D

Fine, Carol  
700 Brickell Avenue  
MIAMI, FL 33131

Title P

BERMAN, STEPHANIE  
1398 SW 1ST STREET, 12TH FLOOR  
MIAMI, FL 33135

#### Annual Reports

Report Year	Filed Date
2013	01/23/2013
2014	02/05/2014
2015	01/26/2015

#### Document Images

<a href="#">01/26/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/05/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/23/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/02/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/20/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/25/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/31/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/28/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/08/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/02/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

**Request for Taxpayer  
Identification Number and Certification**

Give Form to the  
requestor. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Carrefour Supportive Housing, INC**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3).  
Exempt payee code (if any)  
Exemption from FATOA reporting code (if any)  
Applying to accounts and related entities (U.S.)

5 Address (number, street, and apt. or suite no.)  
**1398 S.W. 1st 12th floor**

6 City, state, and ZIP code  
**Miami, FL**

7 List account number(s) here (optional)

Requestor's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number  
[ ] - [ ] - [ ]

OR  
Employer identification number  
**65-0387760**

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATOA code(s) entered on this form (if any) indicating that I am exempt from FATOA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here  
Signature of U.S. person ▶  
Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

**Purpose of Form**

An individual or entity (Form W-9 requestor) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1098-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partner's share of effectively connected income, and
- Certify that FATOA code(s) entered on this form (if any) indicating that you are exempt from the FATOA reporting, is correct. See *What is FATOA reporting?* on page 2 for further information.



# BOARD OF DIRECTORS

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Chad Prey  
*Vice Chair*

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*Secretary*

Stephen Danner  
*Treasurer*

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Jason Robertson  
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Antrice Jones  
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Mehd Ghomeshi  
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Seth Gordon

1398 SW 1<sup>ST</sup> STREET

12<sup>TH</sup> FLOOR

MIAMI, FLORIDA 33135

TEL: 305.371.8300

FAX: 305.371.1376

EMAIL: [INFO@CARRFOUR.ORG](mailto:INFO@CARRFOUR.ORG)

WEBSITE: [WWW.CARRFOUR.ORG](http://WWW.CARRFOUR.ORG)

July 11, 2014

## Verde Gardens Fun In The Sun Family Event Budget

Item	Amount	Grant/ Donor
Food (Children)	\$750	Department of Agriculture & Consumer Services
Food (Adults)	\$250	Miami Dade College School of Nursing
Water Slide	\$550	Carmax
Rock Climbing Wall	\$200	Dr. Shakur
Obstacle Course	\$800	Kaboom Playground
Building Rent	\$150	Urban Oasis Project

# Memorandum



**Date:** October 6, 2015

**To:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

**From:** Carlos A. Gimenez  
Mayor

A handwritten signature in black ink, appearing to be "Carlos A. Gimenez", written over the name in the "From:" field.

**Subject:** District Specific In-Kind Request

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A retroactive waiver for in-kind services has been requested by the Carrfour Supportive Housing, Inc. for their "Fun in the Sun" event held on July 17, 2015.

In-kind services have been requested in the amount of \$790.00 from the Parks, Recreation and Open Spaces Department for the use a 24' x 40' stage. This event will be funded from the balance of District 9 FY 2014-15 In-Kind Reserve Fund.

A handwritten signature in black ink, appearing to be "Edward Marquez", written over the name in the "From:" field.

Edward Marquez  
Deputy Mayor

InkInd01539